Manual of Surgical Pathology

Third Edition

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MANUAL OF SURGICAL PATHOLOGY

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results in a delay for non-rush cases. Therefore, requests for rush readings should only be made when required for patient care.

Rush cases must be seen by a staff pathologist the same day the slides are available. The requesting clinician must be called and a diagnosis or informative hold note provided.

Critical values

Some diagnoses require immediate notification of the submitting physician (see in Chapter 4, "Guidelines for Communication of Urgent Results"). In some cases, clinical history is necessary to determine whether or not a result would be a "critical value."

For the majority of specimens, an adequate history prior to pathologic examination can be given in one or two sentences. For example:

History of diverticulitis. Colostomy takedown.

History of colon carcinoma with multiple positive nodes one year ago. Now with ulcerated mass at colostomy site, biopsy shown to be carcinoma.

Woman s/p invasive breast cancer (ER and PR positive) resected here in 1989 with 3 lymph nodes positive, s/p radiation and chemotherapy, now with subcutaneous nodule in mastectomy scar. Please do ER, PR, and HER2 if tumor.

52-year-old male s/p bone marrow transplant for large cell lymphoma, now with bilateral pulmonary infiltrates, suspect opportunistic infection. Open lung biopsy for culture and histologic examination. R/o recurrent lymphoma.

Specimens Requiring Special Processing

Specimens requiring special studies or processing must be clearly identified. Most such specimens can be sent moist on saline (Table 1-1).

Timely and Appropriate Transport to the Laboratory

Autolysis immediately begins after the surgical removal of tissues. Although it can be reduced by refrigeration, extended delays before fixation will adversely affect the diagnostic quality of tissues. Immunoreactivity is diminished for some markers (e.g., for receptors in breast cancers).

In some cases, it is appropriate for clinicians to directly place specimens into fixatives at 15 to 20 times the volume of the tissue. The type of fixative must be identified on the container with a warning label identifying the fixative. The time of placing the specimen in the fixative should be included when appropriate (e.g., for fixatives containing mercury such as Zenker's, if rush processing is requested, or if time in fixation affects the results of requested immunohistochemical studies).

All tissues and objects removed from patients may be hazardous and must be transported in a safe fashion. The container must be leakproof. Either plastic rigid containers (preferably with a screw cap lid) or bags (but not if there is liquid with the specimen) may be used. A leak-proof secondary container (usually a zip-lock plastic specimen bag) with a clean outer surface is required.

Clinicians submitting specimens in inappropriate containers, unlabeled containers, or containers with the outside surface grossly contaminated must be contacted and advised of the hazards this poses to patients and hospital personnel.

Instructions for the Disposition of Gross Specimens

If a patient wants to keep a specimen (e.g., a limb or products of conception for burial, a breast implant for legal purposes, or hardware from a joint prosthesis) this request must be stated on the requisition form to avoid routine disposal of specimens after the final report is issued. Patients should be informed that their specimens will be discarded to avoid later misunderstandings. Recommendations for retention times are presented in Table 1-2.

State laws may also regulate retention times. Institutional practices vary and in some cases materials may be kept for longer periods of time. Ideally, paraffin blocks on patients with cancers would be kept for longer periods of time as these blocks may be of value if the cancer recurs or the patient is entered into an experimental protocol.

The disposal of human tissues may be governed by state law (usually requiring incineration and/or interment). However, the wishes of patients should always be respected. A legal opinion may be required if a patient request would interfere with optimal patient care or could endanger him or her. There may be specific legal requirements for informing parents of their rights and for appropriate disposition of products of conception (including stillborn fetuses and fetal deaths).

TABLE 1–2. RECOMMENDED RETENTION TIMES FOR PATHOLOGY RECORDS AND MATERIALS

	TJC*	CAP**
Gross specimens	7 days after final report	14 days after final report
Paraffin blocks	At least 2 years	10 years
Slides	10 years	10 years
Cytology slides	5 years	5 years
FNA slides	10 years	10 years
Pathology report	10 years	10 years

*The Joint Commission (TJC) Manual, Appendix E (www.jointcommission.org).
**College of American Pathologists Laboratory Accreditation Program Inspection Checklists (www.cap.org).